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## **UNIT 2 PSYCHO-SOCIAL REHABILITATION**

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### **2.0 OBJECTIVES**

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After reading this unit, you should be able to:

1. Describe the psycho-social problems associated with older adults suffering from chronic medical and mental illnesses
2. Discuss the various rehabilitation strategies that can be promoted by various agencies in order to achieve psycho-social rehabilitation of the aged.
3. Promote psycho-social rehabilitation interventions at individual and community level.
4. Explain various issues pertaining to rehabilitation in the present society.

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### **2.1 INTRODUCTION**

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In the foregone units you have broadly learnt about principles of rehabilitation and physical rehabilitation of aged. This unit focusses on psycho-social problems faced by the aged and their management. As you know old age constitutes one of the major social problems of the modern societies.

Some cultures inside India do accommodate the old and dependent members of the society and lessen the strains and anxieties of old age. In Indian society, family works as an institution, taking up the role of insurance of the individual

where in times of crisis the family members do help each other and the elderly have a scope of securing tender loving care from the members and of leading a peaceful life. Even in a poor family the aged share the miseries and happiness of their family members. There may be arguments and cold-wars between the mother-in-law and the daughter-in-law, but the old person continues to be a part of the family. Thus the problem of old age in the developing countries including India is not as acute as compared to the seriousness of the problem in the western societies. The cultural norms and values still have importance in the society, but considering the gradual rise in the number of the aged in the population of the country and the rapid changes resulting from industrialization and urbanization, it is necessary to use highest caution and protect our cultural norms that provide accommodation to every member of the society.

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## 2.2 WHY WE NEED PSYCHO-SOCIAL REHABILITATION?

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It is generally accompanied with a number of problems that the aged have to adjust within varying degrees. These problems are: insufficient income to support themselves, failing health, need of recognition, provision of lack of dignity and social participation. Thus, economic dependence, poor health and relationship segregation in the family and the community tend to create feelings of meaninglessness and powerlessness among the aged. Lack of self-esteem, self-efficacy and poor mental health of older adults are the major psychological outcomes emerging out of social issues. When aged have lost friends, spouse, job, influence, income, health, etc., the factors that cannot be replaced, it brings in them intolerance, short temperedness, rigidity of attitudes, selfishness and suspicion. This shift in their psychological makeup makes their living and adjustment in society more problematic. The loss of decision-making power, reduction of consultation by family and loss of control over productive resources leads to problems of isolation, loneliness and a deep sense of worthlessness.

Old age has emerged as a psycho-social problem not only due to the rising proportion of the aged people in the population, but to a large extent owing to the rapid changes

### The goals of Psychosocial Rehabilitation (PSR)

1. to help an infirm individual get full recovery via a pre-established plan of treatment that encourages him to look at the brighter side of life and manage the effects of infirmity;
2. to help an elderly person undergo a holistic development in terms of social, emotional, cognitive skills to ensure his happy and contented life;
3. to manage the symptoms of chronic illnesses, frailty, disability and retardation in a way that the individual takes control and stabilizes;
4. to make the individual cope with illnesses through social activities, guided meditations and other recovery programme;
5. to help older adults to sustain themselves via acquisition of self-help skills

that the social structures and technology are bringing to the present society. The elderly people fall through the net of family social support system. The roles

played by the aged members in the society have been transferred to various institutions. Hence many elderly people who need help and protection have not been able to get it from their family members.

Old age which should be relished emerges as a social problem where economic competition works at every level, and creates a decline in the role and status of the old and non-earning members. The environment of the industrial society is not conducive to the elderly people to create satisfaction of their physical and socio-psychological needs. They have to depend on their own capacity and resources. They are exposed to the vulnerability of the ageing process.

In the modern society, growing old is a painful process in the modern industrial society. However, it is not necessary that every aged confronts all or most of these problems and situations, as the nature and extent of the social adjustment may vary according to the experience, personality make-up and most importantly being the family and the community environment that surrounds him.

At the same time unfortunately, mental health facilities both for diagnosis and treatment of mental health disorders in aged population are negligible in amount. Greying population is increasing in number from 20 million in 1951 to 77 million in 2001 to 83.58 million in 2006. It is expected to increase to 173 million in 2026. The geriatric care services provided in the hospitals in India are usually without any specialization or focused approach. Also, there is a low level of public awareness towards mental health problems of older adults in the society. Dementia, depression and mood disorders, somatoform disorder remain hidden problems and rarely come to the attention of healthcare professionals. There is a lack of Geriatric physical and mental health services in India. In such circumstances accomplishing psycho-social rehabilitation appears to be a challenging task for all health care professionals.

**Did you know?**

According to the reports shared by the World Health Organization (WHO), nearly 7.5 percent of the country's population suffers from mental.

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### **2.3 THE CONCEPT OF PSYCHO-SOCIAL REHABILITATION OF THE AGED**

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The concept of psychosocial rehabilitation of aged population can be operationally defined as the state of personal happiness and satisfaction with the present life. Psychosocial rehabilitation is the process that facilitates opportunities for persons with chronic mental illness to reach their optimal level of independent functioning in society and for improving their quality of life.

The aims of rehabilitation process are to improve emotional, social and intellectual skills that are required to live, adapt and progress in the community with the least amount of professional support. The Indian society already attaches a sizeable amount of stigma to mental health. Its combination with ageism makes the life of older adult unbearable. Further, in the absence of sound infrastructure and community-based long-term care services, older adults with chronic disease or mental health issues become homebound with or without care-giver. The poor quality lives of the elderly, their dissatisfaction and frustration has disturbed the entire society and upset its emotional and social interplay. In this context the World Health Organization recommends community-based psychiatric rehabilitation to improve the quality of life and ensure inclusion and participation of persons with mental illnesses. Sadly, even despite high incidence of mental health-related illnesses, a limited number of

psychosocial rehabilitations centers exist in the society. The number of older adults with Serious Mental Illnesses is increasing day by day. Data from a recent epidemiological study indicated an average of 20.5% mental health morbidity in older adults. Accordingly, it was found that, at present, 17.13 million older adults (total population, 83.58 millions) are suffering from mental health problems in India. But in proportion to this there are few care and rehabilitation services, especially the geriatric health services.

Psychosocial rehabilitation and treatment allow the struggling older adults to become part of the society and assist individuals with mental health disorders to live as much independently as they can. Psycho-social rehabilitation deals with the issues of older adults in several areas such as addiction to alcohol or drugs, chronic spinal cord injuries, mental health disorders, chronic illnesses, disabilities, comorbidities, speech or hearing impairments and cognitive disorientation.

**Did you know?**

Major causes of Mental illnesses-

- Traumatic experiences at a young age
- Severe physical ailments, for example, disease or diabetes.
- Chemical imbalance in the brain
- Substance abuse, which involves alcohol or drugs
- Avoiding any events that require socializing
- Feeling of loneliness or isolation

As it is well-known that Severe Mental Illnesses (SMI) are strongly associated with depression, social isolation, chronic medical illnesses, and cognitive impairment, which need to be addressed through rehabilitation process on time for improving the quality of life of aged person. However, the rehabilitation of the ageing persons depends upon the degree to which their personal and environmental circumstances allow them to exercise opportunities. Also, it was established through research that sound economic status, satisfactory health, good inter-generational relations, favorable environment and housing. Therefore, gerontological rehabilitation may be promoted by governments, business, unions, educational institutions and non-governmental organizations.

**Check Your Progress 1**

What is Psycho-social rehabilitation?

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**2.4 REHABILITATION STRATEGIES**

There are several approaches of care and rehabilitation to impart independence and functional life to older adults.

1. **Community based strategies-** This approach involves combined efforts from the older person in need of rehabilitation, along with that of family and community. Community-based supports and services (CBSS) are designed to ensure safety in homes and to delay or prevent institutionalization. It also includes wellness programs, nutritional support, education about health and about changes occurring in the body with increasing age, counselling services for caregivers, and general assistance with housing, finances, legal and home safety.

It is observed that older adults suffering from disabilities or chronic illnesses are often excluded from social interactions at community level. Their

**Think and Reflect**

You are the president of a resident welfare association. What community based interventions can you think of for your residents in your locality?

restricted mobility, communication skills, participation in social activities and festivals increases their sense of isolation, sense of worthlessness, decision-making ability. A consequential decrease in the sense of autonomy and diminishing of mastery over their environment make them more vulnerable to elder abuse. In CBSS, efforts are made in the direction of assimilating the older adult with community functioning rather than excluding them from the community interactions in the name of disability.

2. **Institution based strategies-** This approach involves the training of disabled people in hospitals/rehabilitation centres. These institutions function as referral centres for community rehabilitation. Speech therapy, physiotherapy, occupational therapies are a few good examples of institutional rehabilitation services.
3. **Outreach programmes-** The experts from government and private hospitals or NGOs make a schedule to visit the home or community to provide education and training to older adults with or without disability. The training may be done for self-care, ambulatory effect, communication and vocational guidance. The rural area where community facility is not available, camps may be organized from time-to-time to meet the needs of the elderly. Also, there is a greater need to integrate the community rehabilitation centres with the institutions to provide maximum rehabilitation facilities to all parts of the country.

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## 2.5 REHABILITATIVE INTERVENTIONS AT INDIVIDUAL LEVEL

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Several rehabilitation interventions can be given at individual level. A routine including prayer, yoga along with laughter therapy, light physical exercise, group discussions, recreational activities, training for daily living skills, social skills, life skills to re-integrate older persons with the family and community may be prepared. Patients and their caretakers need regular counselling.

1. **Home assisted care-** There are large number of older adults who are living alone in their homes. Nobody is available for their care. In home-assisted care, the team of health care professionals visit their home to provide them assistance. This facility is practiced more in European and Western countries as compared to India and therefore, keeping in mind the emerging reduction of the joint family structure of Indian families, home-assisted care, albeit new, is a certain requirement.
2. **Day-care centre-** As you know, there are day care centres for children which are very popular among working parents. Day care centres for elderly serve the same purpose. In the absence of caregivers, elderly could be dropped to day-care centres and then picked up in the evening. Day care centres give space to caregiver for his/her personal and professional life. Occupational therapists, physiotherapist, and counsellors can take sessions for elderly during the day. The team of professionals at day care centre could make them recite poems, sing songs, read-out stories to them and give them lessons in kneading, drawing, painting, gardening and craft. Senior citizens may also receive afternoon meals and prescribed doses of medication. India is woefully devoid of such facilities on a large scale.

### Think and Reflect

You are the incharge of a day care centre. Make a weekly schedule for the elderly.

**Think and Reflect**

Search the internet to find the residential care facilities in your country and state.

3. **Residential care facility-** Senior citizens, who are unable to perform activities of daily living and are completely dependent on the care giver for survival may require residential care facility. Senior citizens having dementia may also require residential care facility or hospitalization when they develop delirium, behavioral and psychological symptoms associated with dementia (BPSD). These setups are mostly unavailable in India but it is the need of the hour to have such facilities in India to match the needs of the growing population of the elderly.
4. **Self-help groups-** A group of senior citizens can form a self-help group. This group, like other self-help groups, can meet on regular basis and help the other senior citizens by sharing each person’s individual experiences and organize various activities for them on a regular basis.
5. **Psycho-education-** It is related to empowering older adults with knowledge of age-related changes in their physical and psychological system. Many a times, people are not aware of the age-related biological and psychological changes as a result either they ignore the discomfort of their bodily system such as hormonal changes or metabolic changes because of which they do not bring changes in their life style and invite diseases in a long run. Similarly, people go through huge psychological struggle to accept the fact that they are ageing, their bodily and psychological functions such as memory, learning, activity level, speed of work are getting effected because of growing age. Sometimes the psychological struggle is to fight with ageism, some older adults accept their old age, especially women when they enter in their 40s i.e 20 or 25 years before the government declare them old. These simple looking processes produce huge impact in the psychosocial life of a person. In order to develop better understanding of their own internal conflicts and workings. Psycho-education becomes extremely important for older adults.

**Check Your Progress 2**

1. Describe rehabilitation strategies in brief?

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2. Describe rehabilitative interventions at individual level?

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## 2.6 REHABILITATIVE INTERVENTIONS AT COMMUNITY LEVEL

Let us read about the rehabilitative interventions at community level.

1. **Provision for accommodation-** Senior citizens should have access to accommodation, on individual or on group basis. This is a basic requirement for rehabilitative interventions for homeless older adults. Right now there are government funded old age homes (OAH) as well as OAH supported by NGOs and other private and religious agencies for abandoned older adults. As per the socio-economic status they may move to paid OAH, unpaid OAH or ran baseras (night shelter homes).
2. **Provision for mobility and transport-** Special amenities should be made available on roads, on stations and at other public places to facilitate the mobility of older adults. In a densely populated country like India, fast running traffic is the major reason for the restricted mobility of older adults. Along with it there is little or no space for pedestrians on pavements. The latter too are not age - or disability- friendly. Crossing a road alone also becomes a challenge and a reason to be put at home only. Government is trying to facilitate the mobility by reserving seats in buses and train's for elderly people and providing for separate queues at ticket windows, elevators and escalators at shopping centres, ramps in government buildings. A lot needs to be done at ground level on roads to make the mobility of older adults stress free.
3. **Financial assistance-** Psycho social rehabilitation is also accomplished via financial assistance in various forms such as tax-rebate, pension and soft loans. Special interest rates and investment plans are provided to improve the quality of life of our older adults. Section 80DDB of the income tax act allows a medical expense deduction of up to Rs. 40,000 from the taxable income of patients with dementia. The maximum deduction permissible is Rs. 60,000 in the case of patients aged 65 years and above. If the patient is not an income tax payee but is the dependent of a caregiver who is income tax payee, the caregiver can claim the deduction. To be eligible for the deduction, the level of disability resultant from the dementia should be at least 40%.
4. **Recreational activities-** Dedicated recreational places like “senior citizen parks” have come up in some of the cities in India. However, there are senior citizen recreational centres in communities exclusively made for senior citizens only. Moreover, these centres are dysfunctional or least operative at best. They live in filthy conditions and without maintenance. The older women are in a doubly-worse condition as they are further inhibited and restricted for the existing abysmal facilities.
5. **Psycho-education-** It is crucial to educate the society regarding the pathetic condition of older adults who depend on others for their livelihood and survival. It is our utmost duty to acquaint the younger population about the possibilities of making the elderly independent back and inculcate within them skills for self-sustainability. Discarding someone on the basis of age,

### Think and Reflect

Make a list of provisions for mobility and transport of older persons.

gender or disability reveals the incapability of the society to acknowledge others' human strengths .

**Check Your Progress 3**

What are the rehabilitative interventions at community level?

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## 2.7 CHALLENGES IN REHABILITATION

There are a number of issues for which rehabilitation may be required. These are covered in the following subsections

1. **Marriage, divorce and live-in relationship-** In Indian context talking about the marriage, remarriage, divorce or live-in relationship among older adults seems futile. Late marriages, divorce or remarriage are still associated with stigma. Though senior citizens have all the rights to get married if they are single or have lost their spouse, but cultural set-backs, stereotypical way of thinking, economic dependence doesn't allow them to take unexpected decisions. The situation of remarriage is worst among older women. Men still go for remarriage if they lose their partner in late 50s or early 60s but usually women live the remaining life as widows because family and society do not encourage them for the same. Usually, the decision of remarriage has been defined by the sexual needs of the older adults. That is why they feel shy and sacrifice companionship, which could have helped them in dealing with their loneliness and isolation. They need to be explained that remarriage could also provide them social, financial and emotional support that may have gone missing in their lives. The busy schedule of their children and grand children or neglect or abusive behaviour of their family may have caused these negative conditions.
2. **Similarly, they need to learn that** they may assert their right to divorce in case of marital unhappiness. Further, they also have a right to enter into a live-in relationship even if social norms don't allow them to experiments with the marital relationship. All this increases the stress, making them irritated and maladjusted. Therefore, as the needs of the elderly population increases, there is an emergent need for marriage bureaus focussed on this segment of population and special counselling centres and courts to deal with divorce applications filed by them.
3. **Foster families-** Psycho social rehabilitation may also be achieved with the introduction of the concept of foster family which is not much popular in India for senior citizens. Older adults may either adopt a needy young individual or a couple and provide them accommodation, food and financial assistance in lieu of physical, social, emotional support and nursing care provided by them. Otherwise, the young and working couple who need support for child rearing or for housekeeping may adopt the elderly individuals or a couple

and provide them accommodation, food and financial help. This may work as a substitute for increasing demand of old age homes in the society.

4. **Legal issues-** Older adults who develop dementia and progressive cognitive decline may need legal assistance for independent living. Making will or giving advance directives about use of ventilator for sustenance of life or carrying out certain religious ceremonies after their death are important issues at this stage of life. Clarity on these issues can be built up through discussions and individual counselling.
5. **Security-** We have already discussed in the chapter ‘Psycho-social aspects of ageing’ that elderly people are vulnerable for robbery, theft, manhandling and are at risk of life by antisocial elements. The issue of security remains quite pertinent.
6. **Cognitive impairment-** Elderly patients facing cognitive impairment lack the ability to manage their life on their own. Depending upon the degree of impairment their dependence on others may vary but the need for assistance in ADL and IADL increases the difficulties of care givers as well. Elderly people suffering from dementia and Alzheimer seek constant 24X7 surveillance. Rehabilitation services may help in slowing down the degeneration process as well as in coping with the new situations, both for the older adults and caregivers.

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## **2.8 DISABILITIES AND REHABILITATION**

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Disability has a wide spectrum. There are primary disabilities such as Cognitive, emotional, motivational and behavioural. Secondary disabilities such as lack of self-confidence, low level of self-efficacy and self-esteem, social status, roles and negative attitude. Another is tertiary disability and is about homelessness, poverty and social stigma. Rehabilitation services should cater to the need of every disabled person by providing them services in the areas of deprivation. There is a need of sensitivity to deal with older adults with disability because they are most neglected and abused by their own family members. They are treated like a burden and as unwanted in the society.

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## **2.9 BARRIERS IN REHABILITATION**

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We need lots of rehabilitation centres to meet the needs of older adults but unfortunately, we do not have them in a reasonable number to address the emerging need of aged population in our society. Following are the barriers in establishing rehabilitation strategies effectively in the society:

- Rehabilitation centres need strategic planning for the establishment and running of rehabilitation centres. This is one of the big reasons for absence of psycho-social education about rehabilitation in the curriculum at school, college or university level. There is a lack of guidelines, promotion and funding for the establishment and functioning of rehabilitation centre.
- Lack of resources and health infrastructure in proportion to the size of population is barrier in rehabilitation facilities in the society.
- There is a lack of agency responsible to administer, coordinate, and monitor services of rehabilitation centre.

- Inadequate health information systems and communication strategies in the society is also a reason for the frigid and effortless attitude of the society towards the people who need rehabilitation.
- There is an absence of predefined clear directives for referral system in our health care system.
- Presence of limited number of rehabilitation centres could limit the access because of the limited capacity.
- Lack of engagement with people with disabilities because of hopeless attitude towards them.

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## 2.10 BRIDGING THE BARRIERS

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The barriers to rehabilitation can be overcome through various actions. These include:

- Reforming policies, laws, and delivery systems
- Developing funding mechanisms for financing rehabilitation
- Increasing human resources for rehabilitation services
- Expanding and decentralizing service delivery
- Increasing the use and affordability of technology and assistive devices
- Expanding research programs
- Promotion of Psycho education in society

These measures have the potential of bridging the gaps in providing rehabilitation services to older adults. However what is required the most is the willingness and perseverance to give quality of life to each and every older adult.

### Check Your Progress 4

1. Describe the issues in rehabilitation?

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2. How can we overcome the barriers to rehabilitation?

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## 2.11 LET US SUM UP

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Until recently elderly people enjoyed the high status within family and society marked by respect and care from the younger generations. With the advent of technology, modernisations, urbanization, industrialization and globalisation elderly population and care givers are facing new challenges. These new challenges need to be addressed differently and timely for the protection of humanity and traditional cultural values in the society. Psycho-social rehabilitation is the procedure of improving the quality of life of our older adults for the benefit of mankind and transfer of values such as compassion, respect, dignity and self-sufficiency from one generation to other generation.

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## 2.12 GLOSSARY

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<b>Rehabilitation</b>	:	A set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment
<b>Psycho-social rehabilitation</b>	:	Psychosocial rehabilitation is the process that facilitates opportunities for persons with chronic mental illness to reach their optimal level of independent functioning in society and for improving their quality of life.
<b>Assistive technology</b>	:	Assistive technology enables and promotes inclusion and participation, especially of persons with disability, ageing populations, and people with non-communicable diseases.
<b>Mental illnesses</b>	:	Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these).
<b>Disability</b>	:	A disability is defined as a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease.

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## 2.13 ANSWERS TO CHECK YOUR PROGRESS

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### Check Your Progress 1

1. Psychosocial rehabilitation is the process that facilitates opportunities for persons with chronic mental illness to reach their optimal level of independent functioning in society and for improving their quality of life.

### Check Your Progress 2

1. There are three major rehabilitation strategies: Community based strategies, Institution based strategies, Outreach programs.
2. At individual level rehabilitation may be provided by various ways: home assisted care, day care facility, residential facility care, self-help group and psycho-education.

### Check Your Progress 3

1. There are several rehabilitative interventions at community level such as: provision for accommodation, mobility and transport, financial assistance, recreational activities, psycho-education

### Check Your Progress 4

1. There are several issues come in the way of rehabilitation such as: marriage, divorce and live in relationships, foster family, legal issues, security, cognitive impairment.
2. The ways to overcome barriers of rehabilitation are: Reforming policies, laws, and delivery systems; developing funding mechanisms for financing rehabilitation, increasing human resources for rehabilitation services, expanding and decentralizing service delivery, increasing the use and affordability of technology and assistive devices, expanding research programs, promotion of Psycho education in society.

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## 2.14 REFERENCES AND FURTHER READINGS

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